

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE PLANNING AREA 5**

**QUALITY IMPROVEMENT COMMITTEE
September 13, 2011**

AGENDA

- | | |
|---|-------------------|
| I. Welcome and Introductions | Monika/Jessica |
| II. Review of Minutes | All |
| III. Program Announcements | All |
| • SA5 Agency Coordination Trouble Shooter | |
| IV. DMH Updates | Karen Williams |
| V. Quality Assurance | Monika/Jessica |
| • Clinical Records Bulletin, Edition 2011-06, Aug.2, 2011,
Revised Initial Assessment Forms and EOB/UCC Assessment | |
| • Clinical Records Bulletin, Edition 2011-07,
August 3, 2011, New Forms Available on the Internet | |
| • Quality Assurance Bulletin, June 30, 2011, No. 11-04
Staff Taxonomy Updates | |
| VI. Quality Improvement | |
| • Quality Improvement Tools – QI Presentation | Dr. Timothy Beyer |
| • Cultural Competency Committee and Translation
Of Forms into all 13 Threshold Languages | Monika/Jessica |
| • Practice Communique, Edition 1, August 5, 2011 | |
| ➤ New Practice Communication Tool | |
| ➤ New Clinical Risk Management Staff | |
| ➤ Clinical Incident Report Revised 2011-08-05 | |
| ➤ New Parameters 04.14 Parameters on Gift Behavior | |
| VII. Policy/Procedure | Monika/Jessica |
| • Head of Service Directory – LACDMH Active
(Policy 202.31) | |
| VIII. RMD Bulletin No.: DMH 11-035, July 14, 2011
Revised Payer Financial Information (PFI) Form | Monika/Jessica |

IX. Next QIC Meeting

Monika/Jessica

The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, November 01, 2011 at Didi Hirsch CMHC, 4760 S. Sepulveda Blvd. in Culver City from 9:00AM - 11:00AM.

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 5 Quality Improvement Committee**

Minutes

minutes				
Type of Meeting	Quality Improvement Committee	Date	September 13, 2011	
Place	Didi Hirsch CMHC 4760 S. Sepulveda Blvd., Culver City	Start Time	9:00 AM	
Chairperson	Monika Johnson; co-chair Jessica Wilkins	Adjournment	11:00AM	
Members Present	Karen Williams, DMH; Monika Johnson, DMH; Jessica Wilkins, Alcott Center; Matt Meyer, Didi Hirsch; Rose Garcia, Didi Hirsch; Nilsa Gallardo, Edelman - Adult; Patrice Grant, Edelman – Child; Eloisa Ramos Robles, Exceptional Children's Foundation; David Kneip, Exodus Recovery; Jamie (Hayworth) Chin, Homes For Life Foundation; Michi Okano, Pacific Asian Counseling Services; Amy Turk, OPCC; Martha Andreani, St. John's CDC; Julie Connella, St. Joseph Center; Brooke Matthews, St. Joseph Center; Ely Baidoo, Step Up on Second; Kathy Osburn, WISE & Healthy Aging; Brenda Pitchford, UCLA Ties for Adoption; Cheryl Carrington, Vista Del Mar; Timothy Beyer, DMH-PSB-QI; Thang Nguyen, DMH.			
Excused Members	Kristi Rangel, Alcott Center; Susan Houck Strom, Didi Hirsch; Bonnie Mcrae, Edelman – Child; Linnea Shapiro Fuchs, Exceptional Children's Foundation; Denee Jordan, Exceptional Children's Foundation; Kathy Shoemaker, Exodus Recovery; LeeAnn Skorhod, Exodus Recovery; Anahita Saadatfard, Homes for Life Foundation; Stephanie Yamada, Pacific Asian Counseling Services; Sharon Greene, St. John's CFDC; Dorothy Berndt, St. Joseph Center; Nick Maiorino, St. Joseph's Center; Barbara Blum, Step Up on Second; Paisha Allmendinger, UCLA Ties for Adoption; Susan Edelstein, UCLA Ties for Adoption; Jennifer Levine, WISE & Healthy Aging.			
Absent Members	Kim Farnham, The HELP Group; Alexandra Chavez, The HELP Group; Yvette Willock, Pacific Clinics.			
Agenda Item & Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/Due Date	
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.	Introductions were made	Monika Johnson QIC Membership	
Review of Minutes and Handouts	Minutes were reviewed and approved for July, 2011.	Final approved Minutes for May, 2011 were distributed.	QIC Membership Monika Johnson	
	Trouble Shooter Roster was updated.			

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DMH Update	<ul style="list-style-type: none">• Healthy Way LA (HWLA) Karen reported on the current status of HWLA and stated that in SA5 the program began with a slow but steady flow of referrals.• Evidence Based Practice (EBP) Karen further reported on the status of EBPs and stated that overall providers did not encounter any major problems with the implementation process starting this fiscal year.• DMH Budget Regarding the DMH Budget, Karen informed the membership that at this time there are no significant budget issues to report. Question: Is the Healthy Way LA program for families with children? Answer: No, the program targets LA County residents whose ages are between 19-64 years, are childless or non-custodial parents, and have an income that is at or below 133% of poverty.		Karen Williams

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DMH Update	<ul style="list-style-type: none">• State DMH Karen announced that the California's Health Budget Trailer Bill for FY 2011-12 (Assembly Bill 102) directed the Department of Health Care Services (DHCS) and the Department of Mental Health (DMH) to create a state administrative and programmatic transition plan to guide the transfer of the Medi-Cal specialty mental health and EPSDT program services to DHCS, effective July 1, 2012. She stated that DHCS will then provide among other functions all major functions related to Medi-Cal Program Compliance (i.e., financial and clinical program audits, etc.) although the details of this implementation have yet to be decided.		
Quality Assurance	<ul style="list-style-type: none">• QA District Chief Monika reported that Brad Bryant, Ph.D., District Chief, Quality Assurance, officially started his position on August 10, 2011.• 1115 Waiver Monika announced that the Healthy Way LA (HWLA) Toolkit is now available on the DMH Internet.	Monika provided the internet link for the HWLA Toolkit.	Providers

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Quality Assurance	<ul style="list-style-type: none">• Clinical Records Bulletin, Ed. 2011-06, August 3, 2011 Revised Initial Assessment Forms and EOB/UCC Assessment• Clinical Records Bulletin, Ed. 2011-07, August 2, 2011 New Forms Available on the Internet <p>Monika and Jessica reviewed the Bulletins w/ the providers.</p> <ul style="list-style-type: none">• Quality Assurance Bulletin, June 30, 2011, No. 11-04 Staff Taxonomy Updates <p>Jessica added that the taxonomy changes that providers had turned in to the QA Division were scheduled to be completed in the IS in July 2011, and that providers should check the IS 280 Report to ensure that the provider taxonomy data is current and correct.</p> <p>Question: If we have two taxonomy codes for staff in the IS, how do we delete the incorrect one?</p> <ul style="list-style-type: none">• Recent Audits <p>Jessica facilitated a discussion among providers about recent agency audits and QA lessons learned. Providers shared</p>	<p>Monika and Jessica distributed copies of the Clinical Records Bulletins, and Providers agreed to implement the forms when applicable.</p> <p>Monika and Jessica distributed copies of the QA Bulletin.</p>	<p>Providers</p> <p>Providers</p>

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Quality Assurance	<p>and asked questions about various types of audits and reviews. One Provider reported that they recently had a PERM Audit. Jessica shared information regarding the fiscal and clinical audit at the Alcott Center by the Auditor Controller last August.</p> <ul style="list-style-type: none"> • CCCP Objective Writing Work Group <p>Monika and Jessica reported that the QA Division had responded to providers requests to have example treatment objectives by establishing a workgroup that would formulate some examples. It was highlighted that the QA Division had said the current requirement is to meet State DMH requirements and that the objectives be 'SMART'. There was further discussion about simplifying the coordination process. The QA Division is working on merging the feedback from the workgroup into the CCCP instructions.</p> <p>Question: Do all the components of Medical Necessity need to be rewritten in each objective?</p>	<p>Monika and Jessica inquired if the agency notified the QA Division regarding the PERM audit and the member said they had. Jessica said that the QA Division recommended that providers request a formal Exit Conference from the auditors when it is offered.</p> <p>Answer: According to Jennifer Hallman, the symptoms don't necessarily have to be re-written but the objective must be SMART. An objective can be stated in a short way (i.e., client will take a walk x times/wk) from xtimes/wk.</p>	<p>Provider</p> <p>QA Division</p>

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<p>Quality Assurance</p>	<ul style="list-style-type: none"> Annual Assessment Update (AAU) Work Group <p>Monika and Jessica reported that the AAU is also in the process of revision to make it possible to be used by a wider scope of staff than is currently allowed to use it.</p> <p>Question: Regarding an assessment with children. Can we bill the Assessment code when we do not have Face-Face contact with the child, but meet with the parent to gather all this information?</p>	<p>QA is working on revising the Clinical Documentation Policy and the Organizational Providers Manual which are both impacted by decisions made regarding the AAU.</p> <p>Answer: No. According to Norma Fritsche, a provider should use the assessment code for face-to-face assessment of the client. When obtaining information from a parent without the client, a provider should use the collateral code. Jessica added that the QA Division said they will include "obtaining</p>	<p>QA Division</p> <p>Monika, Jessica</p>
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Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Assurance	<p>Question: Can a provider still combine TCM and MHS using one procedure code as suggested in the Guide to Procedure Codes manual?</p>	<p>information" in the collateral procedure code definition of the Guide to Procedure Codes, since that has been their direction for some time.</p> <p>Answer: No. Service types must be broken out into two notes. This outdated information was brought to the attention of the QA Division at the last QA Chairs meeting, and they said they planned to update it in the Guide.</p>	<p>Providers</p>

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Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Improvement	<ul style="list-style-type: none">• DMH Information Notice No.: 11-09 Annual Review Protocol for Consolidated Specialty Mental Health Services and other Funded Services for Fiscal Year 2011-2012. <p>Monika stated that the link provided refers to the Protocol for FY 2009-10. She will send out the link for FY 2011-12 per e-mail.</p> <ul style="list-style-type: none">• Request to Change Provider Report, 4th Quarter Data for FY 2010-2011 <p>Monika informed members that the report does not show submitted logs received after July 25, 2011. Logs submitted after this date will be shown in the 1st Quarter Data for 2011-2012.</p> <p>Monika and Jessica asked members to review the logs, report errors and/or submit outstanding logs to the Patient Rights Office.</p> <p>Monika and Jessica reminded members that the submission of the logs is mandatory as stated in the DMH Policy 200.2</p>	<p>Monika and Jessica distributed a copy of the DMH Information Notice, and provided the link to the website for the Medi-Cal Oversight Review documents.</p> <p>Providers agreed to review the handout.</p> <p>Monika and Jessica distributed a copy of the Request to Change Provider Report. Providers agreed to review the report and submit the logs.</p>	<p>Providers</p>

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Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Improvement	<ul style="list-style-type: none">• Quality Improvement Tools <p>Dr. Timothy Beyer from the Program Support Bureau, QI Division gave a brief presentation on the Quality Improvement Tools. He informed Members that he will be available for support and assistance in case they decide to develop a Quality Improvement Project (QIP).</p> <ul style="list-style-type: none">• Test Call Project, 2011 <p>Monika and Jessica thanked members for their participation in the Test Call Project, and particularly recognized the staff at Didi Hirsch and PACS for their dedication and effort.</p> <ul style="list-style-type: none">• Cultural Competency <p>Monika reported that the translation of eight LAC-DMH forms into the threshold languages has been completed. At this time, the forms are in the process of being field tested by consumer groups for feedback. The following forms have been translated</p> <ul style="list-style-type: none">➤ Consent for Services➤ Consent to Photograph	<p>Monika and Jessica provided copies, and Dr. Beyer announced that the QI Tools are now also posted on the Intranet and the Internet.</p>	Dr. Timothy Beyer

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Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Improvement	<ul style="list-style-type: none">➤ Consent for Psychiatric Services➤ Medication Review➤ Health Care Directive Acknowledgement Form➤ Care Givers' Authorization Affidavit➤ ACCESS Brochure➤ Change of Provider Form• Practice Communique, Edition 1, August 5, 2011<ul style="list-style-type: none">➤ New Practice Communication Tool➤ New Clinical Risk Management Staff➤ Clinical Incident Report Revised 2011—8-05➤ 5.7 Parameters on Gift Behavior that are Essential to the Understanding and Development of Service Relationships with DMH Clients	Monika and Jessica distributed copies of the Practice Communique, the revised Incident Report, and the 5.7 Parameters on Gift Behavior. Monika announced that Mary Ann O'Donnell will give a presentation on these changes in the next SA5 QIC.	Providers

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Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Revenue Management	<ul style="list-style-type: none">• RMD Bulletin No.: DMH 11-035, July 14, 2011, Revised Payer Financial Information (PFI) Form, MH-281	Monika and Jessica provided copies of the RMD Bulletin	Providers
Policy/Procedure	<ul style="list-style-type: none">• Head of Service Directory – LACDMH Active (Policy 202.31) Monika announced that she had recently sent the QIC membership the link to the Head of Service Directory w/ instructions on how to update inaccurate information• Policy No. 104.05 Closing of Service Episodes Monika and Jessica distributed copies of the Policy/ Procedures # 104.05.	Providers will review the Head of Service Directory and report inaccuracies as requested Jessica reviewed changes from the previous policy and highlighted that according to the QA Division, some discharges may be billable whereas some may not be. Providers will review and implement the policy.	Providers

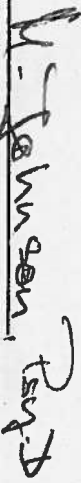
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Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Next Meeting	<ul style="list-style-type: none">The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, November 01, 2011 at Didi Hirsch CMHC, 4760 S. Sepulveda Blvd. in Culver City from 9:00AM – 11:00AM.	N/A	N/A

Respectfully Submitted,


Monika Johnson, Psy.D.


Jessica Wilkins, MFT